

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation  
Against:

Rajeev Rudrasetty Manu, M.D.

Physician's and Surgeon's  
Certificate No. A 37541

Respondent.

Case No. 800-2021-077048

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on April 11, 2025.

IT IS SO ORDERED March 13, 2025.

MEDICAL BOARD OF CALIFORNIA

  
\_\_\_\_\_  
Richard E. Thorp, Chair  
Panel B

1 ROB BONTA  
2 Attorney General of California  
3 JUDITH T. ALVARADO  
4 Supervising Deputy Attorney General  
5 REBECCA L. SMITH  
6 Deputy Attorney General  
7 State Bar No. 179733  
8 300 South Spring Street, Suite 1702  
9 Los Angeles, CA 90013  
10 Telephone: (213) 269-6475  
11 Facsimile: (916) 731-2117  
12 *Attorneys for Complainant*

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**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:  
13 RAJEEV RUDRASETTY MANU, M.D.  
14 11308 Harrington Street  
15 Bakersfield, CA 93311-9266  
16 Physician's and Surgeon's Certificate  
17 No. A 37541,

Case No. 800-2021-077048

OAH No. 2024050396

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

18 Respondent.

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

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**PARTIES**

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Rebecca L. Smith, Deputy Attorney General.

2. Rajeev Rudrasetty Manu, M.D. (Respondent) is represented in this proceeding by attorney Angela S. Haskins, whose address is 555 South Flower Street, 45th Floor, Los Angeles, California 90071-2441.

1       3. On or about October 13, 1981, the Board issued Physician's and Surgeon's Certificate  
2 No. A 37541 to Respondent. That license was in full force and effect at all times relevant to the  
3 charges brought in Accusation No. 800-2021-077048, and will expire on May 31, 2025, unless  
4 renewed.

## **JURISDICTION**

6       4.     Accusation No. 800-2021-077048 was filed before the Board, and is currently  
7     pending against Respondent. The Accusation and all other statutorily required documents were  
8     properly served on Respondent on April 11, 2024. Respondent timely filed his Notice of Defense  
9     contesting the Accusation.

10        5.      A copy of Accusation No. 800-2021-077048 is attached as Exhibit A and  
11 incorporated herein by reference.

## ADVISEMENT AND WAIVERS

13       6.    Respondent has carefully read, fully discussed with counsel, and understands the  
14 charges and allegations in Accusation No. 800-2021-077048. Respondent has also carefully read,  
15 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
16 Disciplinary Order.

17       7.    Respondent is fully aware of his legal rights in this matter, including the right to a  
18 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
19 the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
20 to the issuance of subpoenas to compel the attendance of witnesses and the production of  
21 documents; the right to reconsideration and court review of an adverse decision; and all other  
22 rights accorded by the California Administrative Procedure Act and other applicable laws.

23       8.    Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
24       every right set forth above.

## CULPABILITY

26       9.    Respondent understands and agrees that the charges and allegations in Accusation  
27   No. 800-2021-077048, if proven at a hearing, constitute cause for imposing discipline upon his  
28   Physician's and Surgeon's Certificate.

1       10. Respondent does not contest that, at an administrative hearing, Complainant could  
2 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-  
3 2021-077048, a true and correct copy of which is attached hereto as Exhibit A, and that he has  
4 thereby subjected his Physician's and Surgeon's Certificate, No. A 37541 to disciplinary action.

5       11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
6 discipline and he agrees to be bound by the Board's probationary terms as set forth in the  
7 Disciplinary Order below.

## **CONTINGENCY**

9       12. This stipulation shall be subject to approval by the Medical Board of California.  
10      Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
11     Board of California may communicate directly with the Board regarding this stipulation and  
12     settlement, without notice to or participation by Respondent or his counsel. By signing the  
13     stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
14     to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
15     to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
16     Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
17     action between the parties, and the Board shall not be disqualified from further action by having  
18     considered this matter.

19       13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
20 be an integrated writing representing the complete, final and exclusive embodiment of the  
21 agreement of the parties in this above entitled matter.

22       14. Respondent agrees that if he ever petitions for early termination or modification of  
23 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
24 Board, all of the charges and allegations contained in Accusation No. 800-2021-077048 shall be  
25 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or  
26 any other licensing proceeding involving Respondent in the State of California.

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1       15. The parties understand and agree that Portable Document Format (PDF) and facsimile  
2 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
3 signatures thereto, shall have the same force and effect as the originals.

4        16. In consideration of the foregoing admissions and stipulations, the parties agree that  
5        the Board may, without further notice or opportunity to be heard by the Respondent, issue and  
6        enter the following Disciplinary Order:

## DISCIPLINARY ORDER

8 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 37541 issued  
9 to Respondent Rajeev Rudrasetty Manu, M.D. is revoked. However, the revocation is stayed and  
10 Respondent is placed on probation for five (5) years on the following terms and conditions:

11       1. EDUCATION COURSE. Within sixty (60) calendar days of the effective date of this  
12 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
13 for its prior approval educational program(s) or course(s) which shall not be less than forty (40)  
14 hours per year, for each year of probation. The educational program(s) or course(s) shall be  
15 aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified.  
16 The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition  
17 to the Continuing Medical Education (CME) requirements for renewal of licensure. Following  
18 the completion of each course, the Board or its designee may administer an examination to test  
19 Respondent's knowledge of the course. Respondent shall provide proof of attendance for sixty-  
20 five (65) hours of CME of which forty (40) hours were in satisfaction of this condition.

21       2. MEDICAL RECORD KEEPING COURSE. Within sixty (60) calendar days of the  
22 effective date of this Decision, Respondent shall enroll in a course in medical record keeping  
23 approved in advance by the Board or its designee. Respondent shall provide the approved course  
24 provider with any information and documents that the approved course provider may deem  
25 pertinent. Respondent shall participate in and successfully complete the classroom component of  
26 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall  
27 successfully complete any other component of the course within one (1) year of enrollment. The  
28 medical record keeping course shall be at Respondent's expense and shall be in addition to the

1      Continuing Medical Education (CME) requirements for renewal of licensure.

2            A medical record keeping course taken after the acts that gave rise to the charges in the  
3      Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
4      or its designee, be accepted towards the fulfillment of this condition if the course would have  
5      been approved by the Board or its designee had the course been taken after the effective date of  
6      this Decision.

7            Respondent shall submit a certification of successful completion to the Board or its  
8      designee not later than fifteen (15) calendar days after successfully completing the course, or not  
9      later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

10        3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within sixty (60) calendar  
11      days of the effective date of this Decision, Respondent shall enroll in a professionalism program,  
12      that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.

13            Respondent shall participate in and successfully complete that program. Respondent shall  
14      provide any information and documents that the program may deem pertinent. Respondent shall  
15      successfully complete the classroom component of the program not later than six (6) months after  
16      Respondent's initial enrollment, and the longitudinal component of the program not later than the  
17      time specified by the program, but no later than one (1) year after attending the classroom  
18      component. The professionalism program shall be at Respondent's expense and shall be in  
19      addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

20            A professionalism program taken after the acts that gave rise to the charges in the  
21      Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
22      or its designee, be accepted towards the fulfillment of this condition if the program would have  
23      been approved by the Board or its designee had the program been taken after the effective date of  
24      this Decision.

25            Respondent shall submit a certification of successful completion to the Board or its  
26      designee not later than fifteen (15) calendar days after successfully completing the program or not  
27      later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

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1       4. PSYCHIATRIC EVALUATION. Within thirty (30) calendar days of the effective  
2 date of this Decision, and on whatever periodic basis thereafter may be required by the Board or  
3 its designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological  
4 testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall  
5 consider any information provided by the Board or designee and any other information the  
6 psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its  
7 designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not  
8 be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all  
9 psychiatric evaluations and psychological testing.

10      Respondent shall comply with all restrictions or conditions recommended by the evaluating  
11 psychiatrist within fifteen (15) calendar days after being notified by the Board or its designee.

12      5. MEDICAL EVALUATION AND TREATMENT. Within thirty (30) calendar days  
13 of the effective date of this Decision, and on a periodic basis thereafter as may be required by the  
14 Board or its designee, Respondent shall undergo a medical evaluation by a Board-appointed  
15 physician who shall consider any information provided by the Board or designee and any other  
16 information the evaluating physician deems relevant and shall furnish a medical report to the  
17 Board or its designee. Respondent shall provide the evaluating physician with any information  
18 and documentation that the evaluating physician may deem pertinent.

19      Following the evaluation, Respondent shall comply with all restrictions or conditions  
20 recommended by the evaluating physician within fifteen (15) calendar days after being notified  
21 by the Board or its designee. If Respondent is required by the Board or its designee to undergo  
22 medical treatment, Respondent shall within thirty (30) calendar days of the requirement notice,  
23 submit to the Board or its designee for prior approval the name and qualifications of a California  
24 licensed treating physician of Respondent's choice. Upon approval of the treating physician,  
25 Respondent shall within fifteen (15) calendar days undertake medical treatment and shall  
26 continue such treatment until further notice from the Board or its designee.

27      The treating physician shall consider any information provided by the Board or its designee  
28 or any other information the treating physician may deem pertinent prior to commencement of

1 treatment. Respondent shall have the treating physician submit quarterly reports to the Board or  
2 its designee indicating whether or not the Respondent is capable of practicing medicine safely.  
3 Respondent shall provide the Board or its designee with any and all medical records pertaining to  
4 treatment that the Board or its designee deems necessary.

5 If, prior to the completion of probation, Respondent is found to be physically incapable of  
6 resuming the practice of medicine without restrictions, the Board shall retain continuing  
7 jurisdiction over Respondent's license and the period of probation shall be extended until the  
8 Board determines that Respondent is physically capable of resuming the practice of medicine  
9 without restrictions. Respondent shall pay the cost of the medical evaluation(s) and treatment.

10 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
11 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
12 Chief Executive Officer at every hospital where privileges or membership are extended to  
13 Respondent, at any other facility where Respondent engages in the practice of medicine,  
14 including all physician and locum tenens registries or other similar agencies, and to the Chief  
15 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
16 Respondent. Respondent shall submit proof of compliance to the Board or its designee within  
17 fifteen (15) calendar days.

18 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

19 7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
20 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
21 advanced practice nurses.

22 8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
23 governing the practice of medicine in California and remain in full compliance with any court  
24 ordered criminal probation, payments, and other orders.

25 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
26 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of  
27 \$45,972.75 (forty-five thousand nine hundred seventy-two dollars and seventy-five cents). Costs  
28 shall be payable to the Medical Board of California. Failure to pay such costs shall be considered

1 a violation of probation.

2 Payment must be made in full within thirty (30) calendar days of the effective date of the  
3 Order, or by a payment plan approved by the Medical Board of California. Any and all requests  
4 for a payment plan shall be submitted in writing by Respondent to the Board. Failure to comply  
5 with the payment plan shall be considered a violation of probation.

6 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility  
7 to repay investigation and enforcement costs.

8 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
9 under penalty of perjury on forms provided by the Board, stating whether there has been  
10 compliance with all the conditions of probation.

11 Respondent shall submit quarterly declarations not later than ten (10) calendar days after  
12 the end of the preceding quarter.

13 11. GENERAL PROBATION REQUIREMENTS.

14 Compliance with Probation Unit

15 Respondent shall comply with the Board's probation unit.

16 Address Changes

17 Respondent shall, at all times, keep the Board informed of Respondent's business and  
18 residence addresses, email address (if available), and telephone number. Changes of such  
19 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
20 circumstances shall a post office box serve as an address of record, except as allowed by Business  
21 and Professions Code section 2021, subdivision (b).

22 Place of Practice

23 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
24 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
25 facility.

26 License Renewal

27 Respondent shall maintain a current and renewed California physician's and surgeon's  
28 license.

1                   Travel or Residence Outside California

2                   Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
3                   areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
4                   (30) calendar days.

5                   In the event Respondent should leave the State of California to reside or to practice  
6                   Respondent shall notify the Board or its designee in writing thirty (30) calendar days prior to the  
7                   dates of departure and return.

8                   12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
9                   available in person upon request for interviews either at Respondent's place of business or at the  
10                   probation unit office, with or without prior notice throughout the term of probation.

11                   13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
12                   its designee in writing within fifteen (15) calendar days of any periods of non-practice lasting  
13                   more than thirty (30) calendar days and within fifteen (15) calendar days of Respondent's return  
14                   to practice. Non-practice is defined as any period of time Respondent is not practicing medicine  
15                   as defined in Business and Professions Code sections 2051 and 2052 for at least forty (40) hours  
16                   in a calendar month in direct patient care, clinical activity or teaching, or other activity as  
17                   approved by the Board. If Respondent resides in California and is considered to be in non-  
18                   practice, Respondent shall comply with all terms and conditions of probation. All time spent in  
19                   an intensive training program which has been approved by the Board or its designee shall not be  
20                   considered non-practice and does not relieve Respondent from complying with all the terms and  
21                   conditions of probation. Practicing medicine in another state of the United States or Federal  
22                   jurisdiction while on probation with the medical licensing authority of that state or jurisdiction  
23                   shall not be considered non-practice. A Board-ordered suspension of practice shall not be  
24                   considered as a period of non-practice.

25                   In the event Respondent's period of non-practice while on probation exceeds eighteen (18)  
26                   calendar months, Respondent shall successfully complete the Federation of State Medical Boards'  
27                   Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment  
28                   program that meets the criteria of Condition 18 of the current version of the Board's "Manual of

1 Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of  
2 medicine.

3 Respondent's period of non-practice while on probation shall not exceed two (2) years.

4 Periods of non-practice will not apply to the reduction of the probationary term.

5 Periods of non-practice for a Respondent residing outside of California will relieve  
6 Respondent of the responsibility to comply with the probationary terms and conditions with the  
7 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
8 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
9 Controlled Substances; and Biological Fluid Testing.

10 14. COMPLETION OF PROBATION. Respondent shall comply with all financial  
11 obligations (e.g., restitution, probation costs) not later than one hundred twenty (120) calendar  
12 days prior to the completion of probation. This term does not include cost recovery, which is due  
13 within thirty (30) calendar days of the effective date of the Order, or by a payment plan approved  
14 by the Medical Board and timely satisfied. Upon successful completion of probation,  
15 Respondent's certificate shall be fully restored.

16 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
17 of probation is a violation of probation. If Respondent violates probation in any respect, the  
18 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
19 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke  
20 Probation, or an Interim Suspension Order is filed against Respondent during probation, the  
21 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall  
22 be extended until the matter is final.

23 16. LICENSE SURRENDER. Following the effective date of this Decision, if  
24 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
25 the terms and conditions of probation, Respondent may request to surrender his or her license.  
26 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
27 determining whether or not to grant the request, or to take any other action deemed appropriate  
28 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent

1 shall within fifteen (15) calendar days deliver Respondent's wallet and wall certificate to the  
2 Board or its designee and Respondent shall no longer practice medicine. Respondent will no  
3 longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical  
4 license, the application shall be treated as a petition for reinstatement of a revoked certificate.

5        17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
6 with probation monitoring each and every year of probation, as designated by the Board, which  
7 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
8 California and delivered to the Board or its designee no later than January 31 of each calendar  
9 year.

10        18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
11 a new license or certification, or petition for reinstatement of a license, by any other health care  
12 licensing action agency in the State of California, all of the charges and allegations contained in  
13 Accusation No. 800-2021-077048 shall be deemed to be true, correct, and admitted by  
14 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
15 restrict license.

## ACCEPTANCE

17 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
18 discussed it with my attorney, Angela S. Haskins. I understand the stipulation and the effect it  
19 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
20 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
21 Decision and Order of the Medical Board of California.

23 DATED: 6-19-25.

RAJEEV RUDRASETTY MANU, M.D.  
*Respondent*

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1 I have read and fully discussed with Respondent Rajeev Rudrasetty Manu, M.D. the terms  
2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
3 Order. I approve its form and content.

4 DATED:

2/21/25

  
5 ANGELA S. HASKINS  
Attorney for Respondent

6

7 **ENDORSEMENT**

8 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
9 submitted for consideration by the Medical Board of California.

10 DATED:

2/24/2025

11 Respectfully submitted,

12 ROB BONTA  
13 Attorney General of California  
14 JUDITH T. ALVARADO  
15 Supervising Deputy Attorney General

  
16 REBECCA L. SMITH  
17 Deputy Attorney General  
18 Attorneys for Complainant

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1 ROB BONTA  
2 Attorney General of California  
3 JUDITH T. ALVARADO  
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*Attorneys for Complainant*

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

12	In the Matter of the Accusation Against:	Case No. 800-2021-077048
13	<b>RAJEEV RUDRASETTY MANU, M.D.</b>	<b>A C C U S A T I O N</b>
14	<b>11308 Harrington Street</b>	
	<b>Bakersfield, CA 93311-9266</b>	
15	<b>Physician's and Surgeon's Certificate</b>	
	<b>No. A 37541,</b>	
16		Respondent.

## PARTIES

20       1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as  
21 the Executive Director of the Medical Board of California, Department of Consumer Affairs  
22 (Board).

23       2. On or about October 13, 1981, the Board issued Physician's and Surgeon's Certificate  
24 Number A 37541 to Rajeev Rudrasetty Manu, M.D. (Respondent). That license was in full force  
25 and effect at all times relevant to the charges brought herein and will expire on May 31, 2025,  
26 unless renewed.

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## **JURISDICTION**

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

5 4. Section 2004 of the Code states:

6 The board shall have the responsibility for the following:

7 (a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

10 (c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

11 (d) Suspending, revoking, or otherwise limiting certificates after the conclusion  
of disciplinary actions.

12 (e) Reviewing the quality of medical practice carried out by physician and  
13 surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs

15 (g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. Section 2220 of the Code states:

21 persons guilty of violating this chapter

20        Except as otherwise provided by law, the board may take action against all  
21        persons guilty of violating this chapter. The board shall enforce and administer this  
22        article as to physician and surgeon certificate holders, including those who hold  
      certificates that do not permit them to practice medicine, such as, but not limited to,  
      retired, inactive, or disabled status certificate holders, and the board shall have all the  
      powers granted in this chapter for these purposes including, but not limited to:

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the

1 physician and surgeon or his or her professional liability insurer to pay an amount in  
2 damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with  
3 respect to any claim that injury or damage was proximately caused by the physician's  
4 and surgeon's error, negligence, or omission.

5 (c) Investigating the nature and causes of injuries from cases which shall be  
6 reported of a high number of judgments, settlements, or arbitration awards against a  
7 physician and surgeon.

8 6. Section 2227 of the Code states:

9 (a) A licensee whose matter has been heard by an administrative law judge of  
10 the Medical Quality Hearing Panel as designated in Section 11371 of the Government  
11 Code, or whose default has been entered, and who is found guilty, or who has entered  
12 into a stipulation for disciplinary action with the board, may, in accordance with the  
13 provisions of this chapter:

14 (1) Have his or her license revoked upon order of the board.

15 (2) Have his or her right to practice suspended for a period not to exceed one  
16 year upon order of the board.

17 (3) Be placed on probation and be required to pay the costs of probation  
18 monitoring upon order of the board.

19 (4) Be publicly reprimanded by the board. The public reprimand may include a  
20 requirement that the licensee complete relevant educational courses approved by the  
21 board.

22 (5) Have any other action taken in relation to discipline as part of an order of  
23 probation, as the board or an administrative law judge may deem proper.

24 (b) Any matter heard pursuant to subdivision (a), except for warning letters,  
25 medical review or advisory conferences, professional competency examinations,  
26 continuing education activities, and cost reimbursement associated therewith that are  
27 agreed to with the board and successfully completed by the licensee, or other matters  
28 made confidential or privileged by existing law, is deemed public, and shall be made  
available to the public by the board pursuant to Section 803.1.

#### STATUTORY PROVISIONS

21 7. Section 2234 of the Code, states:

22 The board shall take action against any licensee who is charged with  
23 unprofessional conduct. In addition to other provisions of this article, unprofessional  
24 conduct includes, but is not limited to, the following:

25 (a) Violating or attempting to violate, directly or indirectly, assisting in or  
26 abetting the violation of, or conspiring to violate any provision of this chapter.

27 (b) Gross negligence.

28 (c) Repeated negligent acts. To be repeated, there must be two or more  
negligent acts or omissions. An initial negligent act or omission followed by a  
separate and distinct departure from the applicable standard of care shall constitute  
repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

8. Section 2261 of the Code states:

Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct.

9. Section 2262 of the Code states:

Altering or modifying the medical record of any person, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct.

In addition to any other disciplinary action, the Division of Medical Quality or the California Board of Podiatric Medicine may impose a civil penalty of five hundred dollars (\$500) for a violation of this section.

10. Section 2266 of the Code states:

The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

## COST RECOVERY

11 Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the

1 investigation and enforcement of the case.

2 (b) In the case of a disciplined licensee that is a corporation or a partnership, the  
3 order may be made against the licensed corporate entity or licensed partnership.

4 (c) A certified copy of the actual costs, or a good faith estimate of costs where  
5 actual costs are not available, signed by the entity bringing the proceeding or its  
6 designated representative shall be *prima facie* evidence of reasonable costs of  
7 investigation and prosecution of the case. The costs shall include the amount of  
8 investigative and enforcement costs up to the date of the hearing, including, but not  
9 limited to, charges imposed by the Attorney General.

10 (d) The administrative law judge shall make a proposed finding of the amount  
11 of reasonable costs of investigation and prosecution of the case when requested  
12 pursuant to subdivision (a). The finding of the administrative law judge with regard  
13 to costs shall not be reviewable by the board to increase the cost award. The board  
14 may reduce or eliminate the cost award, or remand to the administrative law judge if  
15 the proposed decision fails to make a finding on costs requested pursuant to  
16 subdivision (a).

17 (e) If an order for recovery of costs is made and timely payment is not made as  
18 directed in the board's decision, the board may enforce the order for repayment in any  
19 appropriate court. This right of enforcement shall be in addition to any other rights  
20 the board may have as to any licensee to pay costs.

21 (f) In any action for recovery of costs, proof of the board's decision shall be  
22 conclusive proof of the validity of the order of payment and the terms for payment.

23 (g) (1) Except as provided in paragraph (2), the board shall not renew or  
24 reinstate the license of any licensee who has failed to pay all of the costs ordered  
under this section.

16 (2) Notwithstanding paragraph (1), the board may, in its discretion,  
17 conditionally renew or reinstate for a maximum of one year the license of any  
18 licensee who demonstrates financial hardship and who enters into a formal agreement  
19 with the board to reimburse the board within that one-year period for the unpaid  
20 costs.

21 (h) All costs recovered under this section shall be considered a reimbursement  
22 for costs incurred and shall be deposited in the fund of the board recovering the costs  
23 to be available upon appropriation by the Legislature.

24 (i) Nothing in this section shall preclude a board from including the recovery of  
25 the costs of investigation and enforcement of a case in any stipulated settlement.

26 (j) This section does not apply to any board if a specific statutory provision in  
27 that board's licensing act provides for recovery of costs in an administrative  
28 disciplinary proceeding.

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## **FIRST CAUSE FOR DISCIPLINE**

**(Gross Negligence)**

3       12. Respondent is subject to disciplinary action under Code section 2234, subdivision (b),  
4       in that he engaged in gross negligence in the care and treatment of Patient 1.<sup>1</sup> The circumstances  
5       are as follows:

6       13. On or about April 12, 2021, the Board received notification from the California  
7       Department of Public Health (CDPH) that Respondent, a gastroenterologist, performed surgery  
8       on the wrong patient (hereinafter referred to as Patient 1) at Adventist Health Bakersfield  
9       (hereinafter referred to as the hospital).

10        14. On or about September 6, 2020, Patient 1, a then 67-year-old male, was admitted to  
11 the hospital with a several day history of shortness of breath, fevers up to 102.1, declining levels  
12 of oxygenation of the blood, and an abnormal chest x-ray that showed bilateral pulmonary  
13 infiltrates. Laboratory testing confirmed a diagnosis of COVID-19 infection, which was  
14 clinically assessed as severe. Patient 1 was initially treated with intravenous fluids, steroids,  
15 antibiotics, and Levenox.<sup>2</sup> Patient 1 was also placed on remdesivir.<sup>3</sup>

16        15. Patient 1 shared a room in the hospital's "step-down unit" with another COVID-19  
17 patient (hereinafter referred to as Patient 2). Patient 2's attending physician, Dr. A.K.,  
18 recommended that Patient 2 undergo the placement of a percutaneous endoscopic gastrostomy  
19 (PEG) tube to assist with long-term nutritional support prior to an anticipated transfer to a long-  
20 term care facility. On or about September 13, 2020, Dr. A.K. contacted Respondent for a PEG  
21 tube placement in Patient 2.

22 16. Dr. A.K. was interviewed by the Board and stated that the initial request for

<sup>1</sup> For privacy purposes, the patients in this Accusation are referred to as Patients 1 and 2.

1 Respondent to place Patient 2's PEG tube was made by text (and possibly by phone), identifying  
2 Patient 2 by room and bed number and not by name or medical record number. Due to Patient 2's  
3 health status, the PEG tube placement was not immediately scheduled and Patient 2 was never  
4 actually seen by Respondent.

5 17. On or about September 20, 2020, at approximately 10:37 a.m., Respondent ordered  
6 that nursing staff schedule an esophagogastroduodenoscopy (EGD) with possible biopsy and PEG  
7 tube placement for Patient 1. Respondent also set forth the following special instructions:  
8 "Nursing to witness consent after provider has explained risk/benefits."

9 18. Respondent dictated a Consultation Note for Patient 1 on September 20, 2020.  
10 Respondent noted that the reason for the consultation was evaluation of anemia and PEG  
11 placement. Respondent noted all the elements of a "Consultation Note" that would be  
12 documented when a physician actually sees a patient in consultation, including a Chief  
13 Complaint, a detailed History of Present Illness, a detailed Physical Exam, and a detailed  
14 Assessment and Plan. The "Consultation Note" has a list of the patient's medications, including  
15 enoxaparin, 60 milligrams, 2 milliliters by IV push every twelve hours. Respondent did not  
16 address in his "Consultation Note" whether Patient 1 should be taken off enoxaparin before the  
17 PEG tube placement procedure. Respondent's "Consultation Note" also reflects that Patient 1  
18 had severe anemia and a suspected gastrointestinal bleed.<sup>4</sup> In addition, Respondent noted that  
19 Patient 1 weighed 100.8 kilograms (221.76 pounds).<sup>5</sup> Respondent electronically signed the  
20 "Consultation Note."

21 19. Respondent proceeded with the EDG with PEG placement on Patient 1 at 1:54 p.m.  
22 In hand-written and in dictated notes, Respondent indicated that informed consent had been  
23 obtained from family prior to the procedure. Nurse E.M. documented that Nurse E.M. obtained  
24 telephonic consent from Patient 1's daughter for Respondent to perform the EDG with possible  
25 biopsy and PEG tube placement on Patient 1.

26  
27 <sup>4</sup> Patient 1 had mild anemia and did not have any clinical evidence of a gastrointestinal bleed at  
the time Respondent prepared his "Consultation Note."

28 <sup>5</sup> Patient 1's weight upon admission was 68 kilograms (149.60 pounds).

1           20. Following the unplanned EGD with PEG tube placement, Patient 1 developed  
2 tachycardia and hypotension in the late afternoon. Patient 1 sustained low blood pressure and  
3 required multiple transfusions and administration of vasopressors for blood pressure support.  
4 Patient 1's hemoglobin dropped from approximately 9.0 to 5.9 and he went into hemorrhagic  
5 shock. It was suspected that Patient 1 suffered a massive internal bleed.

6           21. That evening, Patient 1 underwent a second emergency EGD, performed by  
7 Respondent, to control the bleeding. Massive transfusion protocol was initiated. Patient 1  
8 developed renal failure requiring the initiation of continuous renal replacement therapy (CCRT).  
9 Patient 1 had multi-organ system failure. He continued to deteriorate and passed on October 7,  
10 2020.

11           22. Patient 1's immediate cause of death was cardiorespiratory arrest, due to acute  
12 respiratory distress syndrome and COVID-19 pneumonia. Other significant conditions  
13 contributing to death included acute renal failure and upper gastrointestinal bleeding following an  
14 EGD performed on September 20, 2020.

15           23. On or about September 25, 2020, Respondent dictated an "Addendum" to his  
16 Consultation Report. Respondent does not acknowledge that he performed surgery on the wrong  
17 patient. In his "Addendum," Respondent sets forth:

18           It was pointed to me 36 hours after this dictation that there is 1 factual error in  
19 the dictation of this report. Under the section of "HISTORY OF PRESENT  
20 ILLNESS" it is dictated "evaluation for anemia." Similarly under the section of  
21 "ASSESSMENT/PLAN" "patient also has severe anemia and GI bleeding is  
22 suspected." Both of these statements are factual errors and do not belong to this  
23 patient. There is another error that occurred secondary to dictation software. Again  
24 in the assessment section it reads "he is expected to be intubated for all. Due to  
25 respiratory failure." It should read: "He is expected to be intubated for a long time  
26 due to respiratory failure." These are the errors and the corrections.

27           24. On or about September 28, 2020, Respondent dictated and signed a "Disclosure  
28 Report" that set forth that he spoke with the daughter of Patient 1 by telephone in the Medical  
Report" that set forth that he spoke with the daughter of Patient 1 by telephone in the Medical  
Staff Office on September 23, 2020 from approximately 11:45 a.m. to 12:30 p.m. He noted that  
C.M. and B.U. from the Medical Staff were also present for the discussion. Respondent set forth:

27           I disclosed to the daughter during our phone conversation that on September 20,  
28 2020, a PEG tube was placed, which was not a planned procedure for her father.

1 Even though the PEG tube would likely be necessary for most COVID patients on a  
2 ventilator and in need of nutritional support, the procedure was not meant for her  
3 father. I informed the daughter that probable bleeding from the PEG tube site was  
4 observed and managed. The daughter was also informed that currently, her father is  
5 tolerating the tube feeding through the same PEG tube. The daughter showed an  
6 understanding of our discussion and was appreciative of the disclosure...

7  
8  
9  
10 25. During an interview with the Health Facilities Evaluator Nurse for the CDPH on or  
11 about October 8, 2020, Nurse E.M. stated that he did not believe that Respondent informed the  
12 family of the EGD with PEG tube placement prior to the procedure. Nurse E.M. also stated that  
13 he gave Respondent the consenting family member's telephone number after the procedure was  
14 complete.

15 26. During an interview with the Health Facilities Evaluator Nurse for the CDPH on or  
16 about October 9, 2020, Patient 1's daughter told investigators that Nurse E.M. called her prior to  
17 the surgical procedure explaining that her father needed a "feeding tube in his stomach" and that  
18 she agreed to the procedure.

19 27. During an interview with the Health Facilities Evaluator Nurse for the CDPH on or  
20 about November 20, 2020, Respondent admitted: "I don't know how the mix-up happened  
21 [performing EGD and PEG on the wrong patient]." Respondent stated that it was confusing, as  
22 both Patient 1 and Patient 2 had COVID-19. When Respondent was first informed of Patient 2,  
23 Patient 2 was in the ICU and had moved in and out of the ICU. With respect to obtaining  
24 informed consent, Respondent stated that he was in the room when Nurse E.M. called Patient 1's  
25 daughter on September 20, 2020 and that Patient 1's daughter did not ask to speak to him.  
26 Respondent stated that it is his ultimate responsibility to obtain informed consent for the surgical  
27 procedure, including explaining to the family the risks, benefits and alternatives, and that he did  
28 not obtain informed consent for the procedure performed on Patient 1 on September 20, 2020.

29 28. On or about April 5, 2024, Respondent was interviewed by the Board regarding his  
30 care and treatment of Patient 1. At that time, Respondent stated that the PEG tube placement was  
31 a planned procedure for Patient 1 and that he only told Patient 1's daughter that it was not a  
32 planned procedure, as set forth in Respondent's September 28, 2020 Disclosure Report, because  
33 the "staff" and "peer review people" told Respondent that it was the only way he could return to

1       caring for patients.

2       29. At the time of his Board interview on or about April 5, 2024, Respondent stated that  
3       he was not told that there was a mix up or that Patient 1 was the wrong patient. Patient 1 was on  
4       Respondent's procedure list and based upon Respondent's clinical evaluation, Patient 1 needed  
5       PEG placement.

6       30. At the time of his Board interview on or about April 5, 2024, Respondent stated that  
7       he obtained consent for the procedure from Patient 1's daughter prior to the initial September 20,  
8       2020 procedure. He then added that Patient 1's spouse was also present during his telephone  
9       conversation with Patient 1's daughter and that both Patient 1's daughter and Patient 1's spouse  
10      were in agreement with the decision to have him perform the procedure. Respondent also stated  
11      that after his telephonic discussion with Patient 1's daughter, he requested that the nursing staff  
12      have two nurses document telephonic consent for the procedure.

13      Preoperative Evaluation of Patient Prior to Endoscopy.

14      31. The standard of care requires that a physician evaluate a patient prior to making  
15      treatment-related management decisions. When contemplating a PEG tube insertion, there are a  
16      variety of patient-related issues, such as obesity, prior surgeries, respiratory status, and use of  
17      anticoagulant medications, that may have a direct impact upon medical decision-making and  
18      therefore must be evaluated.

19      32. Respondent failed to perform a thorough preoperative evaluation of Patient 1. Had a  
20      thorough preoperative evaluation been performed, Respondent would have avoided performing  
21      surgery on the "wrong" patient. Had a thorough preoperative evaluation been performed and  
22      Respondent determined that surgery was required for Patient 1, Respondent would have assessed  
23      the necessity of stopping anticoagulants prior to performing the procedure in order to avoid  
24      massive bleeding following surgery. Respondent committed an extreme departure from the  
25      standard of care in failing to perform a thorough preoperative evaluation of Patient 1.

26      Informed Consent.

27      33. Prior to performing a medical procedure on a patient, the standard of care requires  
28      that the physician obtain the patient's consent. If the patient is unable to give consent, the consent

1 must be obtained from a designated patient representative. Elements of informed consent include  
2 review of the procedure itself, indications for the procedure, review of alternatives to the  
3 procedure, and the possible risks associated with the procedure. The discussion of the procedure  
4 and attendant risks cannot be delegated by the physician performing the procedure to a nurse who  
5 is responsible for obtaining a signature on a consent form. An exception to the necessity of  
6 obtaining informed consent prior to performing a procedure would be in the event of an  
7 emergency, in which a failure to act would result in an immediate risk to the patient's life or  
8 health.

9       34. Respondent failed to obtain consent from Patient 1's wife prior to performing the  
10      EDG and PEG tube placement. This is an extreme departure from the standard of care.

## **SECOND CAUSE FOR DISCIPLINE**

### **(Repeated Negligent Acts)**

13       35. Respondent is subject to disciplinary action under Code section 2234, subdivision (c),  
14      in that he engaged in repeated acts of negligence in the care and treatment of Patient 1. The  
15      circumstances are as follows:

16        36. The allegations of the First Cause for Discipline are incorporated herein by reference  
17 as if fully set forth.

18       37. Each of the alleged acts of gross negligence set forth above in the First Cause for  
19       Discipline is also a negligent act.

38. Placement of a PEG tube in a patient with ongoing anticoagulation therapy  
20 substantially increases the risk of bleeding complications. The standard of care requires that  
21 anticoagulation therapy be interrupted, for approximately 24 hours prior to the anticipated PEG  
22 tube placement.  
23

24       39. Respondent failed to interrupt Patient 1's anticoagulation therapy prior to performing  
25 the EDG and PEG tube placement. This is a simple departure from the standard of care.

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### **THIRD CAUSE FOR DISCIPLINE**

#### **(Unprofessional Conduct Involving Dishonesty or Corruption)**

40. Respondent is subject to disciplinary action under Code section 2234, subdivision (e), in that he committed unprofessional conduct, involving dishonesty or corruption, with respect to his care and treatment of Patient 1. Complainant refers to and, by this reference, incorporates herein, paragraphs 17 through 19, and 23 through 30, above, as though fully set forth herein. The circumstances are as follows:

41. Respondent admitted to the Health Facilities Evaluator Nurse for the CDPH that he did not obtain informed consent and did not speak with Patient 1's family prior to performing Patient 1's September 20, 2020 procedure. He then stated at his Board interview that he spoke with Patient 1's daughter and obtained Patient 1's daughter and spouse's consent prior to performing Patient 1's September 20, 2020 procedure.

42. Respondent prepared and signed a September 28, 2020 Disclosure Report stating that he told Patient 1's daughter that the placement of the PEG tube on September 20, 2020, was not a planned procedure for Patient 1 and that the procedure was not meant for Patient 1. He then stated at his Board interview that the PEG tube placement was a planned procedure for Patient 1 and that he only told Patient 1's daughter that it was not a planned procedure, as set forth in the September 28, 2020 Disclosure Report, because the "staff" and "peer review people" told Respondent that it was the only way he could return to caring for patients.

#### **FOURTH CAUSE FOR DISCIPLINE**

### **(Making or Signing False Documents)**

43. By reason of the facts set forth above in paragraphs 24 and 30, Respondent's license is subject to disciplinary action pursuant to Code section 2261, for knowingly making or signing documents directly or indirectly related to the practice of medicine which falsely represented the existence or nonexistence of a state of facts. The circumstances are as follows:

44. Respondent prepared and signed a September 28, 2020 Disclosure Report stating that he told Patient 1's daughter that the placement of the PEG tube on September 20, 2020, was not a planned procedure for Patient 1 and that the procedure was not meant for Patient 1. He then

1 stated at his Board interview that the PEG tube placement was a planned procedure for Patient 1  
2 and that he only told Patient 1's daughter that it was not a planned procedure, as set forth in the  
3 September 28, 2020 Disclosure Report, because the "staff" and "peer review people" told  
4 Respondent that it was the only way he could return to caring for patients.

5 **FIFTH CAUSE FOR DISCIPLINE**

6 **(Altering, Modifying or Creating False Medical Records)**

7 45. Respondent is subject to disciplinary action under Code section 2262, for altering,  
8 modifying or creating false medical records with fraudulent intent when he created or caused to be  
9 created the September 28, 2020 Disclosure Report. Complainant refers to and, by this reference,  
10 incorporates herein, paragraphs 24 and 30 above, as though fully set forth herein.

11 **SIXTH CAUSE FOR DISCIPLINE**

12 **(Failure to Maintain Adequate and Accurate Medical Records)**

13 46. Respondent is subject to disciplinary action under Code section 2266, for failing to  
14 maintain adequate and accurate records relating to his care and treatment of Patient 1.  
15 Complainant refers to and, by this reference, incorporates herein, paragraphs 17 through 19, and  
16 23 through 30, above, as though fully set forth herein.

17 **PRAYER**

18 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
19 and that following the hearing, the Medical Board of California issue a decision:

- 20 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 37541,  
21 issued to Respondent Rajeev Rudrasetty Manu, M.D.;
- 22 2. Revoking, suspending or denying approval of Respondent Rajeev Rudrasetty Manu,  
23 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 24 3. Ordering Respondent Rajeev Rudrasetty Manu, M.D., to pay the Board the costs of  
25 the investigation and enforcement of this case, and if placed on probation, the costs of probation  
26 monitoring; and

27 ///

28 ///

1                   4. Taking such other and further action as deemed necessary and proper.

2                   DATED: APR 11 2024

JENNA JONES FOR

3                   REJI VARGHESE  
4                   Executive Director  
5                   Medical Board of California  
6                   Department of Consumer Affairs  
7                   State of California  
8                   *Complainant*

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